Filing Date Application Number **CLAIMS ONLY** Applicant(s) \* May be used for additional dalms or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT CLAIMS AS FILED Indep Depend Indep Indep Depend Indep Depend Indep Depend Indep Depend 52 53 54 55 56 57 58 59 60 · 10 62 . 12 64 65 – 66 ·14 16 17 17 68 69 70 71 - 72 73 74 75 76 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 Total Total Indep Indep Total Depend Total Depend Total Claims Total Claims